Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN2010AGC	A. BUILDING _____ B. WING _____	06/25/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST PAULS HOME CARE	1500 MANHATTAN ST RENO, NV 89512

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/25/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or those with mental retardation, Category I residents. The census at the time of the survey was six. Six resident files were reviewed and 1 employee file was reviewed.	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 6/25/08, the facility did not ensure 1 of 1 employees who had worked at the facility for more than a year met the requirements for annual tuberculosis (TB) screening. Findings include: The file for Employee #1 contained a copy of a positive TB test in October 2006 and a negative chest x-ray in November of 2006. There was no evidence of a TB signs and symptoms screening	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 in 2007. This is a repeat deficiency from the 6/20/07 annual survey. Severity: 2 Scope: 3	Y 103		
Y 175 SS=E	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and interview on 6/25/08, the owner did not ensure the outside of the facility was free of hazards. Findings include: A large over-range microwave oven was being stored on its side at the base of the wooden ramp that lead up to the front door of the facility. Residents reported the oven had been sitting on the end of the ramp for a "couple of weeks." A chainlink fence enclosed the front yard with a gate at the driveway. A sofa and a roll of carpeting were on the driveway. The owner reported she was waiting for her brother to pick the items up and take them to the dump. Severity: 2 Scope: 2	Y 175		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext	Y 178		

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Y 178	Continued From page 2 NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation and interview on 6/25/08, the owner did not ensure the premises was clean and the landscaping was well maintained. Findings include: Cleanliness - Hall Bathroom: The hall bathroom smelled musty/moldy and inadequately vented of air out of the bathroom window. There was a black mold growing in the vertical seams of the vinyl shower enclosure; along the calking between the top three sides of the shower basin and the adjacent walls; and along the basin edge and the floor. There was a layer of dust/grime build-up on the shower door track, floor molding, lower wall fixtures and edges of the tile floor. Residents related they felt the bathroom could be kept cleaner. Cleanliness - House: The interior of the house evidenced a need for detailed cleaning. The baseboards along the walls had a dark layer of dust; the carpets needed additional vacuuming along the wall edges; and the linoleum floors needed additional cleaning along the walls and corners. Landscaping: The front lawn was not being maintained as it was un-mowed and full of	Y 178		

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Y 178	Continued From page 3 weeds. There were weeds growing up through the seams in the sidewalk in front of the house and in the driveway. The backyard was not landscaped and consisted of dirt and weeds. There were three office-type chairs and two end-table types pieces of furniture stored along the back wall of the house. There were plastic bags full of crushed soda cans on the back porch with cans spilling out of the bags and there was dried drips of soda on the bags and porch that would attract insects. Severity: 2 Scope: 3	Y 178		
Y 207 SS=C	449.211(4)(b) Automatic Sprinklers-Annual Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by: Based on observation on 6/25/08, the facility did not ensure its automatic sprinkler system and fire alarm system were inspected annually. Findings include: There were two expired inspection tags attached to the pipes of the facility's automatic sprinkler/fire alarm system; one dated 6/8/07 and the other dated 6/20/07.	Y 207		

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Y 207	Continued From page 4 This is a repeat deficiency from the 6/20/07 annual survey. Severity: 1 Scope: 3	Y 207		
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview on 6/25/08, the facility did not ensure its menus met the requirements. Findings include: The menu posted in the kitchen was not dated. The owner stated she writes the menu for the day on a white board next to the menu and does not note any changes on the posted menu. She stated she did not have copies of menus from the last 90 days. Severity:1 Scope: 3	Y 272		
Y 355 SS=D	449.222(5) Bathrooms and Toilet Facilities NAC 449.222 5. Provision must be made for privacy in all bathrooms and toilet facilities in rooms intended for use for more than one person.	Y 355		

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Y 355	Continued From page 5 This Regulation is not met as evidenced by: Based on observation and interview on 6/25/08, the facility did not ensure the hall bathroom door would provide privacy. Findings include: The hall bathroom interior door had been replaced with a used exterior-type front door. The original exterior door hardware was still on the door except the round dead-bolt lock had been removed leaving a round hole through the door. Opaque adhesive tape was taped across the bathroom side of the hole but could be easily punctured. A peep-hole was still mounted in the door. There were five males and one female residing in the home. Severity: 2 Scope: 1	Y 355		
Y 444 SS=D	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on observation and interview on 6/25/08, the facility did not ensure its smoke detectors were maintained. Findings include: The smoke detector located on the wall above the wall opening between the kitchen and the	Y 444		

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Y 444	Continued From page 6 laundry area/family was "chirping" during the survey. The owner reported it had been making the sound for couple days. When asked if she had a replacement battery for the unit, she stated she needed to call her contracted fire system maintenance company. Severity: 2 Scope: 1	Y 444		
Y 647 SS=C	449.2704(3) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 3. The services included in the basic rate. This Regulation is not met as evidenced by: Based on record review on 6/25/08, the facility did not ensure the rate agreement in the files for 4 of 6 residents listed the services included in the basic rate. Findings include: The rate agreements for Residents #1, #2, #3 and #6 did not list the services that were included in the basic rental rate. Severity: 1 Scope: 3	Y 647		
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order NAC 449.2742	Y 878		

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Y 878	Continued From page 7 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review, observation and interview on 6/25/08, the facility did not ensure medication were given as prescribed to 3 of 4 residents who were assisted with their medications. Findings include: Resident #2 was admitted to the facility on 12/21/07 with a history of a myocardial infarction (MI), a cardiac catheter with a stint, high blood pressure, and COPD. Review of the resident's June medication administration record (MAR) revealed he had run out of the following medications: - Diltiazem HCL ER 120 mg, one tablet daily, from 6/19/08 to 6/24/08 - six days - Simvastatin 20 mg, one tablet daily, from 6/15/08 to 6/22/0 - eight days - Aspirin 81 mg, one tablet daily, from 6/14/08 to 6/22/08 - nine days - Lisinopril 10 mg, one tablet daily, from 6/14/08 to 6/22/08 - nine days - Plavix 75 mg, one tablet daily, from 6/9/08 to 6/22/08 -fourteen days	Y 878		

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Y 878	Continued From page 8 - Carvedilol 6-25 mg, one tablet two times a day, from 6/14/08 to 6/22/08 - nine days. The medication bottles for the six medications indicated they were filled on 6/18/08. When asked to provide a medication log to check the delivery date for the six medications, Employee #1 reported she did not maintain a delivery log. Resident #2 reported that he felt fine but only remembered missing one to two days of his medications since 6/1/08. Resident #3 was admitted on 6/23/08 with a history of Type 2 diabetes, heart disease and a pacemaker. The resident's June 2008 MAR listed "H" (hospital) from 6/18/08 to 6/22/08. Employee #1 reported the resident was in the hospital from 6/20/08 to 6/22/08, which was inconsistent with the MAR documentation. There was no other paperwork in the resident's file related to a hospital stay and the employee stated the resident kept the paperwork. The June MAR showed the resident as being out of Omeprazole 20 mg tablets taken one time a day from 6/18/08 to 6/25/08. Five of the days the resident would have been in the hospital and without the medication for the two remaining days. The resident was not in the facility to interview. Resident #5 was admitted to the facility on 3/22/02 with a history of a stroke with right side deficits. The resident was prescribed Topamax 25 mg, one tablet two times a day, and did not receive her evening dose on 6/24/08 or her morning dose on 6/25/08 because the medication had run out. The resident would also not received her 6/25/08 evening dose as the medication bottle was empty. The resident was also prescribed Simvastatin 40 mg, one tablet daily, and the bottle was empty. The resident's June MAR listed Dilantin 100 mg, "three capsules	Y 878		

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Y 878	Continued From page 9 one day and four capsules the next; and the MAR showed she was receiving her medication in this manner. A medication review form signed by the resident's physician on 5/21/08 reflected this order. The label on the medication bottle indicated the resident was to take three capsules of Dilantin on Monday, Wednesday, Friday, Saturday and Sunday; and four capsules on Tuesday and Thursday; and that the medication was originally prescribed on 11/30/07. A medication review form signed by the resident's physician on 12/18/07 did have the medication on the list. There was no physician's order for the medication in the resident's file, so the correct dosing could not be confirmed. The resident was not in the facility to interview. This is a repeat deficiency from the 6/20/07 annual survey. Severity: 2 Scope: 3	Y 878		
Y 896 SS=C	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered. This Regulation is not met as evidenced by: Based on record review and interview on 6/25/08,	Y 896		

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Y 896	Continued From page 10 the facility did not maintain accurate medication administration records (MAR) for 3 of 4 resident who were being assisted with their medications. Findings include: The June 2008 resident MARs were review at approximately 4:00 PM on the day the survey. The 5:00 PM and 6:00 PM medication doses for Residents #2, #3 and #5 had already been initialed by Employee #1. Severity: 1 Scope: 3	Y 896		
YA106 SS=F	449.200(1)(2)(3)Personnel Files NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and (b) Proof that the caregiver is 18 years of age or	YA106		

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YA106	Continued From page 11 older. 3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files. This Regulation is not met as evidenced by: Based on interview and record review on 6/25/08, the facility did not ensure 1 of 2 employees had an employee file at the facility. Findings include: Employee #1 reported she was the only employee at the facility. She reported her sister watched the residents if she needed to leave the facility. She stated her sister also ran a group home but she did not have a file for her sister. There was no evidence the employee's sister met the requirements for a caregiver including current training in cardiopulmonary resuscitation (CPR) and first aid training; a current background check; current tuberculosis testing; current medication administration training; and recent caregiver	YA106		

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YA106	Continued From page 12 training. This is a repeat deficiency from the 6/20/07 annual survey. Severity: 2 Scope: 3	YA106		
YA451 SS=F	449.231(2)(a-f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Based on observation on 6/25/08, the facility did not ensure it maintained a complete first aid kit. Findings include: The owner provided the facility's first aid kit for review. The owner did not have germicide, rolls of gauze adhesive tape, a thermometer or a shield/mask for cardiopulmonary resuscitation (CPR) available in the first aid kit. Severity: 2 Scope: 3	YA451		

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YA890	Continued From page 13	YA890		
YA890 SS=C	449.2744(1)(a) Medication/Receipt Log NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. This Regulation is not met as evidenced by: Based on interview on 6/25/08, the facility did not maintain a medication log. Findings include: (See TAG Y878) Employee #1 reported she was not keeping a log of resident medications received by the facility. Severity: 1 Scope: 3	YA890		